

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101588087

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1				1			51					
2					1			52					
3					1			53					
4					1			54					
5					1			55					
6					1			56					
7					1			57					
8					1			58					
9					1			59					
10					1			60					
11					1			61					
12					1			62					
13					1			63					
14					1			64					
15					1			65					
16					1			66					
17					1			67					
18					1			68					
19					1			69					
20					1			70					
21					1			71					
22					1			72					
23					1			73					
24					1			74					
25					1			75					
26					1			76					
27					1			77					
28					1			78					
29					1			79					
30					1			80					
31					1			81					
32					1			82					
33					1			83					
34					1			84					
35					1			85					
36					1			86					
37					1			87					
38					1			88					
39					1			89					
40					1			90					
41					1			91					
42					1			92					
43					1			93					
44					1			94					
45					1			95					
46					1			96					
47					1			97					
48					1			98					
49					1			99					
50					1			100					
TOTAL IND.					4								
TOTAL DEP.					20								
TOTAL CLAIMS					24								